

MEDIATION CONSENT FORM

We, the undersigned, voluntarily agree to enter into mediation provided by the State of Nevada Department of Personnel Mediation Program, are satisfied that the provisions provided in the agreement are fair and reasonable.

We are aware that:

- The decision to mediate is completely voluntary and understood to be so by all involved parties
- The mediator will not make decisions or provide legal advice
- The process is confidential unless there is evidence of a threat of bodily harm to self or another person
- Either of the parties or the mediator shall be entitled in their absolute discretion to terminate a Mediation Session at any time without giving any reason therefore
- Mediation does not influence the grievance timeframes unless agreed to in writing per the Rules and Regulations for Personnel Administration
- The mediation process is strictly confidential and is not legally binding
- All documents, statements, information, and other material produced or given for or during the Mediation whether in writing or orally, shall be held in confidence by the parties and shall be used solely for the purposes of the Mediation. At the termination of the Mediation all such material will be destroyed.
- Copies of the agreement will be kept by the individuals who signed the agreement and the Program Administrator north/or south in a secured confidential file. Copies of this agreement will NOT be kept in employee department files or in personnel records, unless so requested in writing by those signing the agreement

Employee printed name

Employee signature

Employee printed name

Employee signature

DATE: _____

ATTACH ADDITIONAL COPIES IF NEEDED

Updated: 7/17/06